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CONFIRMATION NO. 4490

SERIAL NUMBER 09/501,876	FILING OR 371(c) DATE 02/10/2000 RULE	CLASS 424	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. 163.1173USI1
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APPLICANTS

Eddie D. Sowle, Woodbury, MN;
 Darryl C. Bowling, Greensboro, NC;

**** CONTINUING DATA *******

This application is a CIP of 09/257,086 02/24/1999 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/24/2000**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

ADDRESS

James D. Withers
 Withers & Keys, LLC
 P.O. BOX 2049
 MCDONOUGH, GA 30253

TITLE

Color stable hypochlorous sanitizer and methods

FILING FEE RECEIVED 2188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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